



Lehi City
153 N. 100 E. – Lehi, Utah 84043
(801) 768-7100 x 2254
www.lehi-ut.gov

APPLICATION FOR BUSINESS LICENSE

Application Date: _____

Business License Number: _____

1. Business Name: _____
Business Address: _____ Mailing Address: _____
City, State, Zip: _____ Mailing City, State, Zip: _____
Business Phone: _____ Business Fax: _____
Business E-mail: _____

Type of Business: _____ Business Description: _____

*State Salestax ID: _____ Other State License Number: _____

OWNER'S NAME AND ADDRESS (if corporation, list principal officers). Use additional sheet if necessary.

	Name 1	Name 2	Name 3
Name	_____	_____	_____
Address	_____	_____	_____
Phone	_____	_____	_____
E-mail:	_____	_____	_____

2. Manager Name: _____ Manager Phone: : _____

3. CONTACT PERSON - For Businesses located within Lehi, please furnish the name and telephone number of a LOCAL person (other than the manager) who may be contacted by the City after hours in case of fire or police emergency at your business.

Emergency Name _____ Emergency Phone: _____

4. LICENSE FEES	Description	Amount
A. BASE FEE		\$ _____
C. Beer License		_____
D. Liquor License		_____
E. Other	_____	_____
F. Total Due (Make check to Lehi City) NON-REFUNDABLE		\$ _____

5. I DECLARE THAT THE INFORMATION SET FORTH HEREIN (OR ATTACHED) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

TYPE OR PRINT NAME _____ Title: _____

Authorized Signature: _____

LICENSE PERIOD - JANUARY THROUGH DECEMBER

***NOTE -** ALL BUSINESSES WHICH ARE REQUIRED TO HAVE A STATE SALES TAX NUMBER MUST PROVIDE A COPY OF THE CERTIFICATE TO THE CITY (Form TC-69, a sample of which is attached) AND MUST REPORT TO THE STATE TAX COMMISSION THAT LEHI IS THE POINT OF SALE. LICENSES CANNOT BE ISSUED WITHOUT THIS DOCUMENT.

FOR OFFICE USE ONLY

Date Paid _____ Amt Paid: _____ Receipt Number: _____